

From: [REDACTED]
To: [FamiliesCommunities Committee](#)
Subject: Mental Health Amendment Act, 2007 Review - Written Submission
Date: Thursday, January 28, 2016 8:37:30 AM

From: [REDACTED]

For Mental Health Amendment Act

The Mental Health Amendment Act, 2007, is revised to state that the criteria for involuntary admission is “likely to cause harm to themselves or others”. The focus now is on the concept of “harm” rather than danger.

What was not focused on, was the optimal emergency wait time prior to admission to a hospital or urgent care center, whatever the case may be.

It is *critical* that a person who is experiencing a depression, suicidal thoughts, a manic depressive phase be seen as soon as possible. Ill mental states progress. If left unattended, they intensify. It is important that physicians realize that an ill mental health state is akin to a physical state. If someone were to be admitted with an inadequate insulin level, the condition would not be ignored. Why do we put mental health on a lower priority than diabetes? Proactivity is the key to all successful health outcomes.

It is also important that the public be encouraged to go to their family doctor or specialist when they notice the first signs of a depression or a manic depressive phase or other mental health symptoms in themselves or their loved ones. For this, the public needs to be educated as to the signs and symptoms to watch. Depression is so easy to cure.

All the involuntary stays in the world won't help a situation unless there is proaction on part of the system, and the patient is willing to go to a doctor early on.

[REDACTED]
[REDACTED]